

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 113

No. 300
10-48

FILED JAN 19 1949

| | | | | | | | |
|---|------------------------------|--|---|---|--|--|--|
| BIRTH NO. | | REG. DIST. NO. <u>25</u> | | PRIMARY REG. DIST. NO. <u>4036</u> | | Registrar's No. <u>3</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>BATES</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BATES</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICH HILL</u> | | | c. LENGTH OF STAY (in this place) | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICH HILL - OSAGE TWP.</u> | | | 7 2 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME 824 SPRUCE</u> | | | | d. STREET ADDRESS (If rural, give location) <u>824 SPRUCE</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>THOMAS MORGAN COOPER</u> | | | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) <u>JAN-11-49</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | | 8. DATE OF BIRTH <u>APRIL 21-1858</u> | | 9. AGE (In years last birthday) <u>90</u> | IF UNDER 1 YEAR Months <u>8</u> Days <u>21</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>OHIO</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
| 13a. FATHER'S NAME <u>Jebias Cooper</u> | | | 13b. MOTHER'S MAIDEN NAME <u>JANE WOLF</u> | | 14. NAME OF HUSBAND OR WIFE <u>LILLIE COOPER</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS CON THOMPSON - RICH HILL</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Demerol</u> ANTECEDENT CAUSES <u>fracture of hip</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>690°</u> <u>6 20</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> | | 21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>Rich Hill Bates Mo</u> | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |
| 21d. TIME OF INJURY | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>fall</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Jan 10 1949</u> to <u>Jan 11 1949</u> ; that I last saw the deceased alive on <u>Jan 10</u> , 19 <u>49</u> , and that death occurred at <u>Rich Hill, Mo.</u> from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Edna Langlow</u> | | | | (Degree or title) | | 23b. ADDRESS <u>Rich Hill, Mo.</u> | 23c. DATE SIGNED <u>Jan 11 49</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>JAN 13-1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>GREEN LAWN</u> | | 24d. LOCATION (City, town, or county) (State) <u>RICH HILL, MO.</u> | | |
| DATE REC'D BY LOCAL REG. <u>Jan. 13, 1949</u> | | REGISTRAR'S SIGNATURE <u>Edna Langlow</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Brothers Funeral Soc - Rich Hill</u> | | ADDRESS | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7

District File Number 12-48-162

Date Filed 1-18-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed

John G. Underwood

Licensed Embalmer No. 3585

P. O. Address *Butler, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.